

Major Donor and Independent Expenditure Committee Campaign Statement

(Government Code Sections 84200-84216.5)

MAJOR DONOR AND INDEPENDENT EXPENDITURE
COMMITTEE STATEMENT

Type or print in ink.

☐ Amendment

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>	Date of election if applicable: (Month, Day, Year) _____	Date Stamp	CALIFORNIA FORM 461
			1/2
			For Official Use Only

1. Name and Address Of Filer

NAME OF FILER

(Include name(s) of all affiliated entities whose contributions are included in this statement.)
California Council of Community Mental Health Agencies

MAILING ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Sacramento CA 95814

RESPONSIBLE OFFICER

(If filer is other than an individual)

Rusty Selix

AREA CODE/DAYTIME PHONE

2. Nature and Interests of Filer (Complete each applicable section.)

☐ A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS

BUSINESS INTERESTS

ADDRESS OF EMPLOYER/BUSINESS

☐ A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

☐ A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

☒ A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

Nonprofit Organization

3. Summary

(Amounts may be rounded to whole dollars.)

- Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) \$ 275000.00
- Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$ 0.00
- Total expenditures and contributions made this period. (Add Lines 1 + 2.) **SUBTOTAL** \$ 275000.00
- Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.) \$ 0.00
- Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.).....**TOTAL** \$ 275000.00

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/27/2009
DATE

By Rusty Selix
SIGNATURE OF INDIVIDUAL DONOR OR
RESPONSIBLE OFFICER IF OTHER THAN AN INDIVIDUAL

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to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statement covers period from 01/01/2009 through 06/30/2009	CALIFORNIA FORM 461
	2/2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Council of Community Mental Health Agencies

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
03/16/2009	No on Propositions 1D & 1E Sacramento CA 95814 ID: 1316221 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Proposition 1D - Protects Child - ren's Services Funding / Propo - sition 1E - Statewide Mental Health Servi - ces Funding NO: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	100000.00	Calendar Year \$ 275000.00 Other \$
04/21/2009	No on Propositions 1D & 1E Sacramento CA 95814 ID: 1316221 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Proposition 1D - Protects Child - ren's Services Funding / Propo - sition 1E - Statewide Mental Health Servi - ces Funding NO: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	175000.00	Calendar Year \$ 275000.00 Other \$

SUBTOTAL \$ 275000.00

FPPC Form 461 (8/99)
For Technical Assistance: 916/322-5660